

Board of Appeal Under the Zoning By-law Braintree, Massachusetts Application

Type or print clearly and file with all materials noted on the cover page.

Applicant Name (Please Print)

Phone Number

Applicant Address

Property Address

Assessors Plan # / Lot #

What relief is being sought by this appeal: Finding ____ Variance ____ Both ____

Land Area: _____ sq. ft. Single Family ____ Other ____

Has any previous appeal been made? Yes ____ No ____ Case # _____

Section of Bylaws from which relief is sought at this time: _____

Describe Project Being Appealed: _____

Note: It should be understood that if the questions contained on this application are not answered completely, the applicant is on notice that this appeal could be rejected for lack of information.

Signature of Applicant

Date

Official Use Only:

Land Zoned: _____ Reason for Denial: _____

Date: _____ Signature of Inspector: _____